



Department of Employment Dispute Resolution

Two-Party Mediation Program Six-Month Evaluation

(date)

(name of interviewer)

Name of Agency: _____

Department/Facility: _____

EDR received request for mediation: _____
(date)

Date of mediation: _____
(starting date to last session)

Number of sessions: _____

Mediators: _____

Agreement: _____
(written agreement, informal agreement, no agreement)

Agreement, if reached, in file: _____
(yes or no)

Responses Received:
Agency Workplace Mediation Coordinator _____

Party _____

Mediator _____

Party _____

Mediator _____

FOLLOW-UP FOR THE AGENCY WORKPLACE MEDIATION COORDINATOR

Mediation:

(name/phone of person completing follow-up)

1. Who initiated the idea of mediation to resolve the conflict in this situation?
(management, employee or program administrator)

2. What conditions were present to encourage you to consider mediation?

3. What did you expect from mediation?

4. Were your expectations met?

5. Did mediation
 ___ follow a grievance
 ___ precede a grievance
 ___ take place during a grievance (initiated at what stage?) _____
 ___ result in the grievance being dismissed (concluded at what stage?) _____
 ___ other (neither party filed a grievance as part of this conflict)

6. In your opinion, what went well with mediation in this instance?

7. In your opinion, what did not go well with mediation in this instance?

8. What has happened, to your knowledge in the relationship between the parties?
(e.g., did the conflict continue, did the relationship improve, did one or both parties leave the department through resignation or dismissal, were there future disciplinary actions taken, was it necessary to reorganize the office or make procedural changes as a result of the conflict or the mediation)
9. What was management's awareness of the mediation? (If aware, what was the reaction to the outcome?)
10. How could EDR's workplace mediation program have better served you in this instance?
11. How could EDR's workplace mediation program better serve the State's workforce?

Thank you for providing this feedback. Your comments will be used only to evaluate and improve EDR's workplace mediation program. Your comments are confidential and will not be used in any other way.

EDR's Mediation Staff
Department of Employment Dispute Resolution
830 E. Main St., Suite 400
Richmond, VA 23219
(804) 786-3288 FAX (804) 371-7318

FOLLOW-UP FOR MEDIATION PARTICIPANT

(name/phone)

1. Who initiated the idea of mediation to resolve the conflict in this situation?
(management, employee or program administrator)

2. What conditions were present to encourage you to consider mediation?

3. What were the major issues in this mediation?

4. What did you expect from mediation?

5. Were your expectations met?

6. Did mediation
 ___ follow a grievance
 ___ precede a grievance
 ___ take place during a grievance (initiated at what stage?) _____
 ___ result in the grievance being dismissed (concluded at what stage?) _____
 ___ other (neither party filed a grievance as part of this conflict)

7. In your opinion, what went well in mediation?

8. In your opinion, what did not go well in mediation?

9. Was there any follow-up in terms of support, training, facilitation, or counseling that you felt was needed at the conclusion of mediation?

10. Was an agreement reached? ___ yes ___ no
 If "yes," go to question 11. If "no," go to question 12.

11. If you and the other party reached an agreement, was it a written or verbal agreement and do you view the agreement as effective? Please put a check where applicable.

☐ written agreement
☐ verbal, not written, agreement
☐ effective
☐ not effective (if not, why do you view it as ineffective?)

Comments:

12. What has happened since mediation?
(e.g., did the conflict continue, did the relationship improve, did you leave the department, did the other party leave the department, were there future disciplinary actions taken, was it necessary to reorganize the office or make procedural changes as a result of the conflict or the mediation?)

13. Do you feel that your productivity or effectiveness in your job was affected by the existing conflict? ☐yes ☐no
If yes, how would you describe the effect?

14. Do you feel that resolving the conflict resulted in increased productivity or greater effectiveness in your job? ☐yes ☐no
If yes, how would you describe the effect?

15. Would you choose mediation in the future if you had a conflict with someone in your workplace?

16. How could EDR's workplace mediation program have better served you in this instance?

17. How could EDR's workplace mediation program be improved?

Thank you for providing this feedback. Your comments will be used only to evaluate and improve EDR's workplace mediation program. Your comments are confidential and will not be used in any other way.

EDR's Mediation Staff
Department of Employment Dispute Resolution
830 E. Main St., Suite 400
Richmond, VA 23219
(804) 786-3288 FAX (804) 371-7318